

# DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 9432-000134

## DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### VOICE BINDING FOR USER INTERFACE NAVIGATION SYSTEM

the specification of which (check one)

- is attached hereto.  
or  
 was filed on \_\_\_\_\_ as Application Serial No. or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:


PRIOR PROVISIONAL APPLICATION(S)	
APPN. SERIAL NO.	DATE FILED (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below:


PRIOR U.S. APPLICATION(S)		
APPN. SERIAL NO.	DATE FILED (MM/DD/YYYY)	STATUS - PATENTED, PENDING, ABANDONED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 (  ) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (  ), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

P. O. Box 828 Bloomfield Hills, Michigan 48303

# DECLARATION AND POWER OF ATTORNEY

**Full name of sole or first inventor:** Philippe Morin

Inventor's signature: \_\_\_\_\_ *Morin*

Date: March 2, 2001

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Citizenship: France

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**Full name of second joint inventor, if any:**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence:

Citizenship:

Mailing Address:

**Full name of third joint inventor, if any:**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence:

Citizenship:

Mailing Address:

**Full name of fourth joint inventor, if any:**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence:

Citizenship:

Mailing Address:

**Full name of fifth joint inventor, if any:**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence:

Citizenship:

Mailing Address:

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